SENDER: COMPLETE THE COMPLETE	T = T + T
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by ( Printed Name)  C. Date of Delivery  S-2266
Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
Tyrone Barrow, Classification Easterling Correctional Facility 200 Wallace Drive	
Clio, Alabama 36017	3. Service Type
0/ 1/00	☐ Sertified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<u>Obcu439</u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	4 1160 0003 5811 2137
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540